

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9203

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 328		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (If in this place) 34 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		0492	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1632 S. Garrison				d. STREET ADDRESS (If rural, give location) 1632 Garrison			
3. NAME OF DECEASED (Type or Print)		a. (First) Ellen		b. (Middle) Luvina		c. (Last) Frost	
4. DATE OF DEATH		(Month) Mar		(Day) 29		(Year) 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 10, 1861	
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Henry Vroman		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE James Ross Frost	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Frost, Carthage, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia, with Coma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis & Myocarditis DUE TO (c) Chronic interstitial II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility				INTERVAL BETWEEN ONSET AND DEATH 10 days 1 year 592X	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 11, 1949, to Mar 29, 1950, that I last saw the deceased alive on Mar 26, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George H. Wood, M.D.				23b. ADDRESS Carthage Mo.		23c. DATE SIGNED 3/30/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-30-50		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo.	
DATE REC'D BY LOCAL REG. 3-30-1950		REGISTRAR'S SIGNATURE L. B. Clinton, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ULMER FUNERAL HOME, CARTHAGE, MO.			

Per H. Ferguson, Licensed Embalmer's Statement on Reverse Side

WRITE, PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

RECEIVED 4-3-50  
Jasper County Health Office

County File Number 50-3-229

Date Filed 4-3-50

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John S. Penney*  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 4194

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.